



**APPLICATION FOR MINOR CHILD CITIZENSHIP
ADOPTED BY LTBB CITIZEN(S)**

Little Traverse Bay Bands of Odawa Indians Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
231- 242-1520 * 231- 242-1521

*PLEASE TYPE OR PRINT – ONE COMPLETED APPLICATION PER APPLICANT

FIRST MIDDLE LAST JR/SR/ETC GENDER

LIST ALL OTHER NAMES PHONE

MAILING ADDRESS CITY STATE ZIP

DATE OF BIRTH PLACE OF BIRTH COUNTY NOW RESIDING IN

A MINOR CHILD ADOPTED BY A LTBB CITIZEN MAY APPLY FOR CITIZENSHIP
SEE REQUIRED GUIDELINES (PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE)

Is the minor child an enrolled member of another federally recognized Band/Tribe? NO YES*
If yes list Tribe _____

Has the minor child applied for citizenship with the Little Traverse Bay Bands NO YES
Of Odawa Indians? If yes list date _____

Has the minor child ever been issued a confidential Certificate Degree of Indian Blood NO YES?
from the Bureau of Indian Affairs Agency? (If so please enclose the certification)

Any person, who is enrolled or recognized as a member of any other Band/Tribe, federally recognized or otherwise shall not be eligible for enrollment with the Little Traverse Bay Bands of Odawa Indians unless documented proof of Band/Tribal relinquishment is submitted.

*Once a minor child has been enrolled they shall be entitled to the rights and privileges associated with citizenship except the elected position of Tribal Government.

_____/_____/_____
Signature of LTBB Citizen (minor name) Minor's S.S # Date

Recommendation by Enrollment Officer Action by Tribal Council
____ APPROVAL ____ APPROVAL
____ Reject, Because _____ ____ Reject, Because _____

Enrollment Officer's Signature **TRIBAL COUNCIL ACCEPTANCE AND DATE**

DATE ENROLLMENT NUM Tribal Chairperson Review - Date